

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			10/10/00
O.I.P.E. CLASSIFIER		21	10/10/00
FORMALITY REVIEW	RT	515	10-30-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓	✓
2 ✓	
3 ✓	
4 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 additions  
staple additional sheet here

REST AVAILABLE CASH